

Follow-on Mockup to Proposed Web-Based Mechanism for OSHA's Injury/Illness Data Collection: Public Access to Data (4/22/13)

**UNITED STATES
DEPARTMENT OF LABOR**

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OSHA

Search for Injury/Illness Information by Specific Establishment

Employers within specific industry and employment size specifications provide the Occupational Safety and Health Administration (OSHA) with work-related injury and illness data for individual establishments. The data provided is used by OSHA to calculate establishment-specific injury and illness incidence rates. This searchable database contains a table with the name, address, industry, and associated Total Case Rate (TCR) and Days Away, Restricted, and Transfer (DART) case rate for the establishments that provided data to OSHA. Case characteristic data may also be obtained through this database for establishments with 250 or more employees.

Viewable information on the first results page includes: Site Name, Address, SIC, NAICS, TCR, and DART; BLS industry rates are included for comparison. Use the links to drill down to more detailed injury and illness information. See [Explanatory Notes below](#) for more detail on TCR and DART.

To download the entire injury and illness database, please visit
http://ogesdw.dol.gov/data_catalogs.php

Search by:

Establishment

City

State

Zip

Year range

SIC

NAICS

TCR (ex. range 0.05 to 10.99)

DART (ex. range 0.05 to 10.99)

Explanatory Notes

1. **Scope of the data:** [1904.41](#) defines the establishment size and industry scope of this data collection.
2. **Data quality:** While OSHA takes steps to ensure the data collected is accurate, problems and errors invariably exist for a percentage of establishments. OSHA does not believe the data for the establishments with the highest rates on this file are accurate in absolute terms. It would be a mistake to say establishments with the highest rates on this file are the "most dangerous" or "worst" establishments in the Nation.
3. **Rate Calculation:** An incidence rate of injuries and illnesses is computed from the following formula: (Number of injuries and illnesses X 200,000) / Employee hours worked = Incidence rate. The TCR includes all cases recorded on the OSHA Form 300 (Column G + Column H + Column I + Column J). The Dart includes cases recorded in Column H + Column I. For further information on injury and illness incidence rates, please visit the Bureau of Labor Statistics' webpage at <http://www.bls.gov/iif/osheval.htm>

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User Notes:

- This mockup portrays searching on establishments with 250+ employees submitting the Log 300 data and associated injury/illness incident information (i.e., Form 301 data for each incident). Searches on smaller establishments submitting only the Log summary (i.e., data from the Form 300A) would follow a similar path but with fewer view options.
- Establishment name would be visible in the actual application screen.

Select Report Type <div> Estab Summary Estab Inj/Illness Profile Estab Log 300 </div>	Select Year <div> 2008 2009 2010 </div>	Download <div> CSV PDF </div>
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2008 Establishment Summary



Establishment Data For: COMPANY NAME INC
SIC: 1234 - Type of Business
NAICS: 123456 - Type of Business

Mailing Address: 12345 MAIN STREET, SUITE 100, WASHINGTON, DC 20540
Site Address: 12345 INDUSTRIAL DRIVE, PHASE 1, DC 20540

1. What is the average number of employees who worked for your establishment in 2008?

2. How many hours did your employees actually work during 2008?

Number of Cases

Total number of deaths(G)	Total number of cases with days away from work(H)	Total number of cases with job transfer or restriction(I)	Total number of other recordable cases(J)
0	1	4	2

Number of Days

Total number of days away from work(K)	Total number of days of job transfer or restriction(L)
101	266

Injury and Illness Types

M(1) Injuries	7	M(3) Respiratory Conditions	0	M(5) Hearing Loss	0
M(2) Skin Disorders	0	M(4) Poisonings	0	M(6) All Other Illnesses	0

User Notes:

- Establishment name and address would be visible in the actual application screen.

Select Report Type

Etab Summary
Etab Inj/Ill Profile
Etab Log 300

Select Year

2008
2009
2010

Download

CSV
PDFI

2008 Establishment Injury/Illness Profile



Establishment Data For: COMPANY NAME INC
SIC: 1234 – Type of Business
NAICS: 123456 – Type of Business

Mailing Address: 12345 Main Street, Suite 100, Washington, DC 20540
Site Address: 1234 Main Street, Suite 100, DC, 20540

Total Hours Worked:
144,416

Number of Employees:
1179

Full Time Equivalent Employees:
1179

Number of Fatalities: 0

Nonfatal Occupational Injuries and Illnesses

		DART Cases			
	Total Cases	Total	With Days Away From Work	With Only Restricted Work Activity	Cases Without Lost Workdays
Number	7	5	1	4	2
Rate *	9.69	6.92	1.38	5.54	2.77
2008 BLS Industry Rate **	7.0	4.6	1.6	3.0	2.4

Conditions that may have affected employment: Nothing unusual happened
* Rate is per 100 full-time employees.
** Source: 2008 BLS rates are per 100 full-time employees.

User Notes:

- Establishment name and address would be visible in the actual application screen.

2008 Establishment Incident Report (OSHA 301) Printer Friendly

Establishment Data For: COMPANY NAME INC
SIC: 1234 - Type of Business
NAICS: 123456 - Type of Business

OSHA's Form 301

Injury and Illness Incident Report

Was employee treated in an emergency room?

- ☒ Yes
☐ No

Was employee hospitalized overnight as an in-patient?

- ☒ Yes
☐ No

Case number from the Log (Transfer the case number from the Log after you record the case.)

Date of injury or illness
Month Day Year

Time employee began work ☒ AM ☐ PM

Time of event ☒ AM ☐ PM ☐ Check if time cannot be determined

What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Lifting boxes on shelves while restocking products.

What Happened? Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Worker developed sharp pains in back while lifting a particularly heavy box.

What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

Worker strained his back and noted considerable pain and limitation of movement.

What object or substance directly harmed the employee? Examples: “concrete floor”; “chlorine”; “radial arm saw.” *If this question does not apply to the incident, leave it blank.*

Lifting heavy boxes.

If the employee died, when did death occur? Date of death

Month

Day

Year

[Back to Log 300](#)

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User Notes:

- Select the back button to return to the Log 300 and select another case incident report.